



# House of Representatives

General Assembly

**File No. 296**

February Session, 2022

House Bill No. 5339

*House of Representatives, April 5, 2022*

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

## **AN ACT EXPANDING ACCESS TO THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (i) of section 17b-342 of the 2022 supplement to  
2 the general statutes is repealed and the following is substituted in lieu  
3 thereof (*Effective July 1, 2022*):

4 (i) (1) The Commissioner of Social Services shall, within available  
5 appropriations, administer a state-funded portion of the program for  
6 persons (A) who are sixty-five years of age and older; (B) who are  
7 inappropriately institutionalized or at risk of inappropriate  
8 institutionalization; (C) whose income is less than or equal to the  
9 amount allowed under subdivision (3) of subsection (a) of this section;  
10 and (D) whose assets, if single, do not exceed [one hundred fifty per cent  
11 of the federal minimum community spouse protected amount pursuant  
12 to 42 USC 1396r-5(f)(2)] forty-five thousand dollars or, if married, the  
13 couple's assets do not exceed [two hundred per cent of said community  
14 spouse protected amount] sixty-five thousand dollars. For program

15 applications received by the Department of Social Services for the fiscal  
16 years ending June 30, 2016, and June 30, 2017, only persons who require  
17 the level of care provided in a nursing home shall be eligible for the  
18 state-funded portion of the program, except for persons residing in  
19 affordable housing under the assisted living demonstration project  
20 established pursuant to section 17b-347e who are otherwise eligible in  
21 accordance with this section.

22 (2) Except for persons residing in affordable housing under the  
23 assisted living demonstration project established pursuant to section  
24 17b-347e, as provided in subdivision (3) of this subsection, any person  
25 whose income is at or below two hundred per cent of the federal poverty  
26 level and who is ineligible for Medicaid shall contribute [four] three and  
27 one-half per cent of the cost of his or her care. Any person whose income  
28 exceeds two hundred per cent of the federal poverty level shall  
29 contribute [four] three and one-half per cent of the cost of his or her care  
30 in addition to the amount of applied income determined in accordance  
31 with the methodology established by the Department of Social Services  
32 for recipients of medical assistance. Any person who does not contribute  
33 to the cost of care in accordance with this subdivision shall be ineligible  
34 to receive services under this subsection. Notwithstanding any  
35 provision of sections 17b-60 and 17b-61, the department shall not be  
36 required to provide an administrative hearing to a person found  
37 ineligible for services under this subsection because of a failure to  
38 contribute to the cost of care.

39 (3) Any person who resides in affordable housing under the assisted  
40 living demonstration project established pursuant to section 17b-347e  
41 and whose income is at or below two hundred per cent of the federal  
42 poverty level, shall not be required to contribute to the cost of care. Any  
43 person who resides in affordable housing under the assisted living  
44 demonstration project established pursuant to section 17b-347e and  
45 whose income exceeds two hundred per cent of the federal poverty  
46 level, shall contribute to the applied income amount determined in  
47 accordance with the methodology established by the Department of  
48 Social Services for recipients of medical assistance. Any person whose

49 income exceeds two hundred per cent of the federal poverty level and  
50 who does not contribute to the cost of care in accordance with this  
51 subdivision shall be ineligible to receive services under this subsection.  
52 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
53 department shall not be required to provide an administrative hearing  
54 to a person found ineligible for services under this subsection because  
55 of a failure to contribute to the cost of care.

56 (4) The annualized cost of services provided to an individual under  
57 the state-funded portion of the program shall not exceed fifty per cent  
58 of the weighted average cost of care in nursing homes in the state, except  
59 an individual who received services costing in excess of such amount  
60 under the Department of Social Services in the fiscal year ending June  
61 30, 1992, may continue to receive such services, provided the annualized  
62 cost of such services does not exceed eighty per cent of the weighted  
63 average cost of such nursing home care. The commissioner may allow  
64 the cost of services provided to an individual to exceed the maximum  
65 cost established pursuant to this subdivision in a case of extreme  
66 hardship, as determined by the commissioner, provided in no case shall  
67 such cost exceed that of the weighted cost of such nursing home care.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2022	17b-342(i)

**HS**      *Joint Favorable*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Social Services, Dept.	GF - Cost	up to 5,900,000	up to 5,900,000

Note: GF=General Fund

**Municipal Impact:** None

### **Explanation**

The bill results in a cost of up to approximately \$5.9 million in both FY 23 and FY 24 to the Department of Social Services due to increasing eligibility for the state-funded Connecticut Home Care Program. Increasing the asset limit (to \$45,000 if single and \$65,000 if married) is anticipated to increase enrollment in the program resulting in additional costs of up to \$5.7 million annually. Reducing participant cost sharing by 1% is anticipated to increase costs by approximately \$200,000 annually.

### **The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****HB 5339*****AN ACT EXPANDING ACCESS TO THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.*****SUMMARY**

This bill expands eligibility to the state-funded portion of the Connecticut Homecare Program for the Elderly (CHCPE, see BACKGROUND) by increasing program asset limits. It also reduces the required co-payments for participants in the state-funded portion.

EFFECTIVE DATE: July 1, 2022

**STATE-FUNDED CHCPE*****Asset Limits***

The bill increases asset limits under the state-funded portion of CHCPE to \$45,000 if single and \$65,000 if married. Current law limits an eligible individual's assets to 150% of the federal minimum community spouse protected amount (CSPA) if single (\$41,220 in 2022) or 200% if married (\$54,960 in 2022). The bill also eliminates annual adjustments to these asset limits by removing the link to the CSPA, which is updated annually.

***Copayments***

The bill reduces, from 4.5% to 3.5%, the required co-payments for participants in the state-funded portion as shown in Table 1 below.

**Table 1: CHCPE Participant Copayments Under Current Law and the Bill**

<b><i>Participant Category</i></b>	<b><i>Copayments Under Current Law</i></b>	<b><i>Copayments Under the Bill</i></b>
Participants with income at or below 200% FPL* and Medicaid-ineligible	4.5% of care costs/month	3.5% of care costs/month

<b>Participant Category</b>	<b>Copayments Under Current Law</b>	<b>Copayments Under the Bill</b>
Participants with income greater than 200% FPL	4.5% of care costs/month and an applied income amount (calculated by subtracting certain personal needs allowances from their gross income)	3.5% of care costs/month and the applied income amount
Participants living in government-subsidized affordable housing programs	An applied income copay if income is greater than 200% FPL	No change
*In 2022, 200% of the FPL is \$27,180 for an individual and \$36,620 for a family of two		

## BACKGROUND

### ***Connecticut Home Care Program for Elders***

CHCPE is a Medicaid-waiver and state-funded program that provides a range of home- and community-based services for eligible individuals age 65 or older who are at risk of inappropriate institutionalization (e.g., nursing home placement). In comparison to the Medicaid-waiver component, the program's state-funded portion has no income limit and has higher asset limits. The state has authority to limit program enrollment or establish wait lists based on available resources.

## COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 20      Nay 0      (03/24/2022)